



# An Introduction to Your Health Benefits

Hawaii Employer-Union Health Benefits Trust Fund

This presentation is a brief summary and does not constitute a legal document or contract and is subject to change

A photograph of a modern building with a large, cantilevered upper floor supported by a series of white, tapered columns. The building has a light-colored, vertically-slatted facade. In the foreground, there is a green lawn and a paved walkway. The sky is blue with some clouds.

# Eligibility



# Dependent Eligibility

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## **Legal spouse or partner (domestic or civil union)**

- Children are covered until age 26 for medical and prescription drug plans
- For dental and vision coverage, children are covered until age 19, or until age 24 if unmarried and a full-time student
- Children by birth, marriage, adoption, and/or guardianship
- Coverage can be continued for an unmarried child, regardless of age, who is incapable of self-support due to mental/physical incapacity that existed prior the child reaching age 19

# Dual Enrollment

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- EUTF rules specify that if both you and your spouse/partner are employees and/or retirees of the State or counties, you can enroll in only one family or two-party plan, or two self plans.
- Children cannot be enrolled by more than one employee or retiree-beneficiary or as an employee and dependent.
- Dual Enrollment is prohibited within state or county.



# Health Plan Options

# Reference Guide

## Hawaii Employer-Union Health Benefits Trust Fund

### REFERENCE GUIDE (EUTF and HSTA VB)



### FOR ACTIVE EMPLOYEE BENEFIT PLANS

*Effective July 1, 2016 through June 30, 2017*

Disclaimer: This Reference Guide offers general information on your health and other benefits plans. Your health benefits are exclusively governed by the Hawaii Revised Statutes and the EUTF Administrative Rules, as they are amended from time to time. Nothing in this Guide is intended to amend, change, or contradict the Hawaii Revised Statutes and the EUTF Administrative Rules. This Guide is not a legal document or contract and the information in the Guide is not intended as legal advice or to create any legal or contractual liabilities.

This guide can be made available to individuals who have special needs or who need auxiliary aids for effective communication (i.e., large print or audiotape), as required by the Americans with Disabilities Act of 1990. Please contact the EUTF office at 808-588-7380 or toll free at 1-800-286-0088 for special needs.

- Available online at [eutf.hawaii.gov](http://eutf.hawaii.gov)
- Premiums & contribution amounts
- Dependent eligibility criteria
- Health plan options
- EC-1 enrollment form

# Health Plan Options

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## **Medical**

- HMSA
- Kaiser Permanente
- Royal State National

## **Prescription Drug**

- CVS Caremark (HMSA subscribers)
- Kaiser Prescription Drug

## **Dental & Vision**

- Hawaii Dental Service
- Vision Service Plan

## **Life Insurance**

- USABLE Life



# Health Plan Options

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## HMSA

EUTF 90/10 PPO Plan

EUTF 80/20 PPO Plan

EUTF 75/25 PPO Plan

EUTF HMO Plan

Health plans include prescription drug coverage through CVS Caremark and chiropractic coverage through ChiroPlan Hawaii



# Health Plan Options

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## Kaiser Permanente

Standard HMO Plan

Comprehensive HMO Plan

Health plans include prescription drug coverage through Kaiser Permanente and chiropractic coverage through ChiroPlan Hawaii

# Health Plan Options

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## Royal State National

### Supplemental Plan

Plan includes medical and prescription drug copayment reimbursement, and chiropractic coverage through ChiroPlan Hawaii. To enroll in this plan you must have a non-EUTF primary medical and prescription drug plan.

A photograph of a modern architectural structure, likely a library or museum, featuring a large, cantilevered upper floor supported by a series of white columns. The building has a light-colored, textured facade. In the foreground, there is a green lawn and a water feature with a large, dark, angular rock formation. The sky is blue with some clouds.

# Premiums and Contribution

# Premiums and Contributions

## Determining employee's share


### Premiums and contribution table

- Bargaining Unit
- Benefit plan option
- Type of enrollment
- Monthly or annual employee contribution

Premiums						
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND						
ACTIVE EMPLOYEES						
BU's 00, 01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 13, 14						
EFFECTIVE JULY 1, 2016						
BU'S 00, 01, 02, 03, 04, 06, 08, 09, 10, 11, 13, 14: FOR ALL EMPLOYERS EXCEPT COUNTY OF MAUI						
BU 05: FOR HAWAII PUBLIC CHARTER SCHOOLS, STATE OF HAWAII HSTA VEBa EMPLOYEES WHO OPTED TO TRANSFER TO EUTF PLANS or BU 05 EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2011						
Benefit Plan	Type of Enrollment	Semi-Monthly Employer Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Percent Employer	Total
<b>MEDICAL PLANS</b>						
PPO - 90/10 Plan - HMSA Medical	Self	\$155.92	\$311.84	\$307.06	49.6%	\$618.90
Prescription Drug - CVS Caremark	Two-Party	\$384.98	\$769.96	\$731.96	48.7%	\$1,501.92
RSN Chiropractic	Family	\$483.77	\$967.54	\$946.90	49.5%	\$1,914.44
PPO - 80/20 Plan - HMSA Medical	Self	\$107.27	\$214.54	\$307.06	58.9%	\$521.60
Prescription Drug - CVS Caremark	Two-Party	\$286.90	\$573.80	\$731.96	57.8%	\$1,265.76
RSN Chiropractic	Family	\$333.22	\$666.44	\$946.90	58.7%	\$1,613.34
PPO - 75/25 Plan - HMSA Medical	Self	\$71.08	\$142.16	\$307.06	68.4%	\$449.22
Prescription Drug - CVS Caremark	Two-Party	\$179.05	\$358.10	\$731.96	67.1%	\$1,090.06
RSN Chiropractic	Family	\$221.19	\$442.38	\$946.90	68.2%	\$1,389.28
HMSA HMO	Self	\$193.57	\$387.14	\$307.06	44.2%	\$694.20
Prescription Drug - CVS Caremark	Two-Party	\$476.44	\$952.88	\$731.96	43.4%	\$1,684.84
RSN Chiropractic	Family	\$600.43	\$1,200.86	\$946.90	44.1%	\$2,147.76
HMO - Kaiser Comprehensive Medical	Self	\$105.62	\$211.24	\$307.06	59.2%	\$518.30
Kaiser Prescription Drug	Two-Party	\$265.20	\$530.40	\$731.96	58.0%	\$1,262.36
RSN Chiropractic	Family	\$331.78	\$663.56	\$946.90	58.8%	\$1,610.46
HMO - Kaiser Standard Medical	Self	\$33.24	\$66.48	\$307.06	82.2%	\$373.54
Kaiser Prescription Drug	Two-Party	\$89.17	\$178.34	\$731.96	80.4%	\$910.30
RSN Chiropractic	Family	\$107.21	\$214.42	\$946.90	81.5%	\$1,161.32
Supplemental - Royal State National	Self	\$8.51	\$17.02	\$25.52	60.0%	\$42.54
Supplemental Prescription Drug	Two-Party	\$21.13	\$42.26	\$63.40	60.0%	\$105.66
RSN Chiropractic	Family	\$23.49	\$46.98	\$70.48	60.0%	\$117.46
<b>DENTAL PLAN</b>						
HDS Dental	Self	\$6.27	\$12.54	\$18.82	60.0%	\$31.36
	Two-Party	\$12.55	\$25.10	\$37.62	60.0%	\$62.72
	Family	\$20.63	\$41.26	\$61.88	60.0%	\$103.14
<b>VISION PLAN</b>						
VSP Vision	Self	\$1.30	\$2.60	\$3.90	60.0%	\$6.50
	Two-Party	\$2.41	\$4.82	\$7.20	59.9%	\$12.02
	Family	\$3.14	\$6.28	\$9.42	60.0%	\$15.70
<b>LIFE INSURANCE</b>						
USABLE Life Insurance	Employee	\$0.00	\$0.00	\$4.12	100.0%	\$4.12



# Premium Calculator



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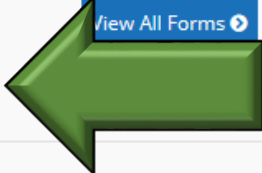
Plan Benefits	Enrollment & Rates	Popular Forms & Documents
Medical/Prescription Drug	Eligibility	Reference Guide
Dental	Enrollment Overview	EC-1
Vision	Rates & Contributions	
Life	Summary of Benefits and Coverage	
Premium Conversion Plan	EUTF Premium Calculator	
Chiropractic		



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- [New – Important Notice Regarding Health Benefits](#)
- [New – Important Notice to HSTA VB Retirees – Benefit Plan Changes](#)
- [New—Expression of Interest for Banking Services and RFP No. 16-001, Benefit Plan Audit Services](#)


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EUTF Board



Request For Proposals (RFPs)

# Premium Calculator



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## EUTF PREMIUM CALCULATOR

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### SELECT YOUR EMPLOYER

☐ County of Maui

☒ All other employers

# Premium Calculator



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## EUTF PREMIUM CALCULATOR

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### SELECT YOUR BU

BU **00 Elected/Appointed and Other Excluded Employees**

01 UPW

02 HGEA

03 HGEA

04 HGEA

05 HSTA

06 HGEA

07 UHPA

08 HGEA

09 HGEA

10 UPW

11 HFFA

12 SHOPO

13 HGEA

14 HGEA

# Premium Calculator



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### SELECT YOUR COVERAGE LEVEL

☐ Self

☐ Two-Party

☒ Family



# Premium Calculator



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## EUTF PREMIUM CALCULATOR

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### SELECT YOUR CURRENT PLAN

- ☒ PPO HMSA Medical (90/10) w/ Chiro and CVS Prescription Drugs
- ☐ OPPO HMSA Medical (80/20) w/ Chiro and CVS Prescription Drugs
- ☐ OPPO HMSA Medical (75/25) w/ Chiro and CVS Prescription Drugs
- ☐ OHMO HMSA Medical w/ Chiro and CVS Prescription Drugs
- ☐ OHMO Kaiser Comprehensive Medical w/ Chiro and Prescription Drugs
- ☐ OHMO Kaiser Standard Medical w/ Chiro and Prescription Drugs

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## EUTF PREMIUM CALCULATOR

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### SELECT UP TO TWO PLANS TO COMPARE

- ☐ PPO HMSA Medical (90/10) w/ Chiro and CVS Prescription Drugs
- ☒ PPO HMSA Medical (80/20) w/ Chiro and CVS Prescription Drugs
- ☐ PPO HMSA Medical (75/25) w/ Chiro and CVS Prescription Drugs
- ☐ HMO HMSA Medical w/ Chiro and CVS Prescription Drugs
- ☒ HMO Kaiser Comprehensive Medical w/ Chiro and Prescription Drugs
- ☐ HMO Kaiser Standard Medical w/ Chiro and Prescription Drugs

## EUTF PREMIUM CALCULATOR

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### YOUR PREMIUM CONTRIBUTIONS

#### PPO HMSA MEDICAL (90/10) W/ CHIRO AND CVS PRESCRIPTION DRUGS (FAMILY)

Current plan through June 30, 2016		Plan as of July 1, 2016	
Semi-monthly	Annually	Semi-monthly	Annually
\$431.48	\$10355.52	\$483.77	\$11610.48

#### IF YOU SWITCHED TO PPO HMSA MEDICAL (80/20) W/ CHIRO AND CVS PRESCRIPTION DRUGS (FAMILY)

Plan as of July 1, 2016		
	Semi-monthly	Annually
	\$333.22	\$7997.28

#### IF YOU SWITCHED TO HMO KAISER COMPREHENSIVE MEDICAL W/ CHIRO AND PRESCRIPTION DRUGS (FAMILY)

Plan as of July 1, 2016		
	Semi-monthly	Annually
	\$331.78	\$7962.72

A photograph of a modern, two-story building with a prominent overhang. The building is supported by a series of white, tapered columns. The upper level has a balcony with a glass railing. In the foreground, there is a large, dark, triangular water feature. The building is surrounded by green grass and a paved walkway. The sky is blue with some clouds.

# Health Plan Selection



# Health Plan Selection

## Things to Consider

**EMPLOYEE CONTRIBUTION**



**DEDUCTIBLES**

\$\$\$

**IN-NETWORK/OUT-OF-NETWORK**



**COPAYMENT/COINSURANCE**

% vs \$

**MAXIMUM OUT-OF-POCKET**

MOOP

# Maximum Out-Of-Pocket

- Financial protection
- Insurance keeps track of out-of-pocket
- When MOOP is reached – 100% coverage
- Resets every calendar year

## **EUTF ACTIVES**

### **Medical Plan Coverage Chart (HMSA, Kaiser, RSN) - EUTF**

Plan Design	EUTF 90/10 PPO Plan		EUTF 80/20 PPO Plan	
Carrier	HMSA		HMSA	
General	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Calendar Year Deductible Single/Family	None	\$100 per person; \$300 per family	None	\$250 per person; \$750 per family
Calendar Year Maximum Out-of-Pocket Single/Family	\$2,000/\$4,000		\$2,500/\$5,000	
Lifetime Benefit Maximum	None		None	
Plan Year Benefit Maximum	None		None	
<b>Physician Services</b>	<b>YOU PAY*:</b>		<b>YOU PAY*:</b>	
Primary Care Office Visit	10%	30%	20%	40%
Specialist Office Visit	10%	30%	20%	40%
Routine Physical Exams	No Charge	No Charge**	No Charge	No Charge**
Screening Mammography	No Charge	30%**	No Charge	40%**
Immunizations	No Charge	No Charge**	No Charge	No Charge**
Well Baby Care Visits	No Charge	30%**	No Charge	40%**
Maternity	Same as any other condition	Same as any other condition	10%	40%
Second opinion – surgery	10%	30%	20%	40%

**Kimo is considering enrolling in the  
HMSA 90/10 or 80/20 plan.**



<b>HMSA PPO Plans</b>	<b>HMSA 90/10</b>	<b>HMSA 80/20</b>
<b>Annual Employee Premium Contribution</b>	<b>\$11,610</b>	<b>\$7,997</b>
<b>Kimo's family estimates \$30,000 in medical expenses through in-network HMSA providers from April through June 2017.</b>	<b>Coinsurance 10% \$3,000</b>	<b>Coinsurance 20% \$5,000</b>
<b>Maximum Out-Of-Pocket (MOOP)</b>	<b>\$4,000 Not met</b>	<b>\$5,000 Met</b>
<b>Total Estimated Annual Cost:</b>	<b>\$14,610</b>	<b>\$12,997</b>

**Total estimated annual savings under the HMSA 80/20 plan: \$1,613**

**Malia is considering enrolling in the Kaiser Comprehensive or Standard plan.**

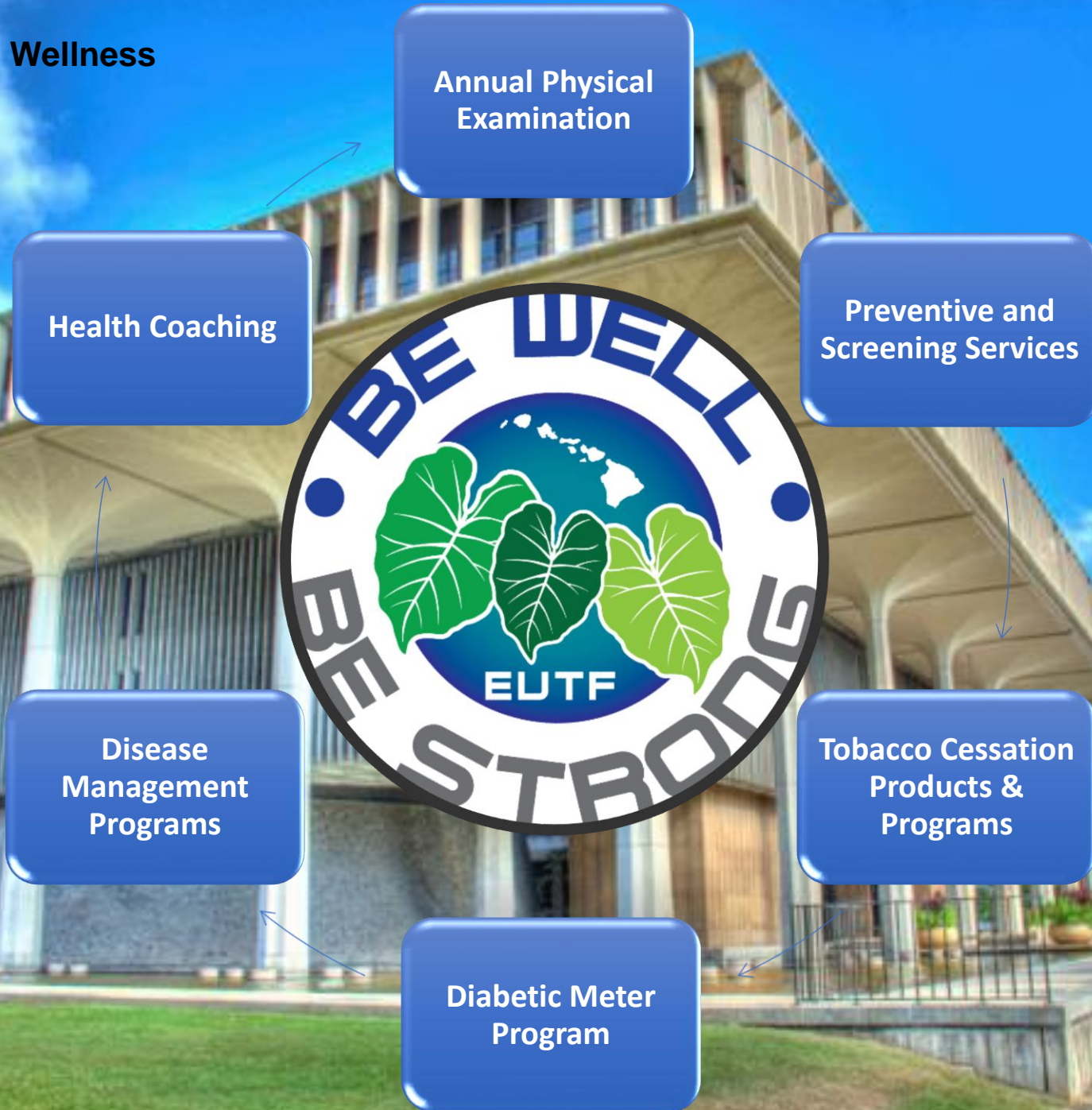


Kaiser HMO Plans	Comprehensive Plan	Standard Plan
Annual Employee Premium Contribution	\$7,963	\$2,573
Malia and her two dependents are anticipating \$100,000 in in-patient hospital costs at an in-network Kaiser facility this year.	No Charge	<del>Coinsurance 15%</del> \$7,500
Maximum Out-Of-Pocket (MOOP)	\$6,000 Not met	\$7,500 Met
Total Estimated Annual Cost:	\$7,963	\$10,073

**Total estimated annual savings under the Kaiser Comprehensive plan: \$2,110**



## Health and Wellness Benefits



## Health and Wellness Benefits

### Annual Physical Examination

## Annual Physical Exam

- No cost for most EUTF medical plans (except the HMSA HMO \$15 copayment)
- The PCP will:
  - Assess your overall health
  - Identify risk factors for chronic diseases
  - Recommend preventative services and immunizations
  - Early detection of illness and disease increase the effectiveness of treatment
- If you haven't seen your doctor in the last year, we encourage you to make an appointment to get your annual physical

Disease  
Management  
Programs

Tobacco Cessation  
Products &  
Programs

Diabetic Meter  
Program



## Health and Wellness Benefits

Annual Physical Examination

Health Coaching

Preventive and Screening Services

### Preventive and Screening Services

- Many preventive screening tests available at no cost
- Check with your PCP to find about appropriate screening tests for your age and gender
- It's always better to prevent illness than to treat illness

Programs

Programs

Diabetic Meter Program

## **Tobacco Cessation**

- Another no cost benefit
- Smoking is a major risk factor for chronic diseases
- Trained counselors are available by phone to provide guidance, support and recommendation of products to help to you quit smoking
- Contact
  - HMSA QuitNet program (855)329-5461
  - Kaiser tobacco cessation (808)643-4622
  - CVS Caremark tobacco cessation product information and recommendations (855)801-8263

**Disease  
Management  
Programs**

**Diabetic Meter  
Program**

**Tobacco Cessation  
Products &  
Programs**



## Health and Wellness Benefits

Annual Physical  
Examination

Health Coaching

Preventive and  
Screening  
Services



## Diabetes Products

- No cost blood glucose meters to help monitor blood glucose levels
- For CVS Caremark members
- Contact CVS Caremark Diabetic Meter Team at (800)588-4456

Diabetic Meter  
Program

## **Disease Management (DM)**

- Diabetes, chronic obstructive pulmonary disease (COPD), asthma, hypertension and heart disease
- DM programs through HMSA and Kaiser
  - ✓ Contact members with diagnosed conditions
  - ✓ Provide one-on-one support from a healthcare professional
- To take advantage of these programs talk to your PCP, HMSA or Kaiser

**Disease  
Management  
Programs**

**Tobacco Cessation  
Products &  
Programs**

**Diabetic Meter  
Program**

## Health and Wellness Benefits

Annual Physical Examination

Health Coaching

Preventive and Screening Services

### Telephonic Health Coaching

- Another no cost benefit
- Coaches provide guidance and support to manage conditions such as diabetes and help with lifestyle changes such as eating better, managing your weight and reducing stress
- A personal coach will help you create and stick with a plan for reaching your goals
- Contact
  - HMSA Well-Being Connection (855)329-5461
  - Kaiser (808)432-2262 or (808)432-2260

Program



**Annual Physical  
Examination**

## **Dr. Ornish Program for Reversing Heart Disease**

- HMSA EUTF active employees
- Scientifically proven to reverse heart disease using lifestyle changes
- Eighteen four hour sessions over 9 weeks
- Cost is \$20 per session for eligible HMSA members
- Contact an Ornish care specialist at (877)888-3091

**Diabetic Meter  
Program**



A photograph of a modern architectural structure, likely a university building, featuring a large, cantilevered upper floor supported by a series of white, tapered columns. The building has a light-colored, vertically-slatted facade. In the foreground, a semi-circular water fountain with multiple jets is visible, surrounded by a low concrete wall and a green lawn. The sky is blue with some clouds.

# Enrollment Procedures

# Enrollment Procedures

EC-1 enrollment forms are available on our website at  
[eutf.hawaii.gov](http://eutf.hawaii.gov)

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Dental	Enrollment Overview	EC-1
Vision	Rates & Contributions	<a href="#">View All Forms</a>
Life	Summary of Benefits and Coverage	
Premium Conversion Plan		
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**EC-1**

Rev. April 2016

Hawaii Employer-Union Health Benefits Trust Fund

**EC-1: Enrollment Form for Active Employees****DUE DATE:** This form must be submitted to your Personnel Officer or Departmental Personnel Office within 30 days (180 days for newborns) of the event date.PLEASE SUBMIT THIS  
EC-1 FORM TO YOUR  
PERSONNEL OFFICE  
DOE EMPLOYEES:  
HBAU PO BOX 2360  
HONOLULU HI 96804**SECTION 1: EMPLOYEE DATA**

Please complete all applicable fields below. Social security numbers are required to process new hires and dependent(s) enrollments. \*\* See Section 4 on "Instructions for Completing Form EC-1"

Name (Last Name, First Name, Middle Initial)

Kealoha, Samantha, N.Home Phone ( 808 ) 263-1111Mobile Phone ( 808 ) 555-1234Work Phone ( 808 ) 586-7390Email samanthakealoha@email.comMailing Address ( ☐ Check this box if your address has changed)Street 123 Aloha Lane

Line 2 \_\_\_\_\_

City Honolulu State HI Zip Code 96813

Residence Address (if different from above)

Street \_\_\_\_\_

Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

☒ New Hire/Newly Eligible

Date of Hire/Newly Eligible (MM/DD/YYYY)

04 / 29 / 2016☐ Open Enrollment (effective 07/01/2016)☐ Termination of Employment

Date of Termination (MM/DD/YYYY)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee's Social Security Number (SSN)  
or EUTF ID Number555-55-5555Gender ☐ Male ☒ Female

Birth Date: (MM/DD/YYYY)

10 / 15 / 1984☐ During the Plan Year Qualifying Event (describe)

Event Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status ☒ Married ☐ Single

Marriage Date: (MM/DD/YYYY)

02 / 14 / 2014☐ Civil Union

Civil Union Date: (MM/DD/YYYY)

( ☐ Check this box if status change)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Domestic Partner (DP Status)

☐ IRS Qualified ☐ Not Qualified

Notary Date: (MM/DD/YYYY)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Special Note: If your Spouse, Civil Union Partner or Domestic Partner is a State or County Employee or Retiree, please provide his/her Name, Date of Birth and SSN:

Name: Jonathan M. KealohaDOB: 09 / 23 / 1983SSN: 555-55-1234

- Full name
- Contact Information
- Current address

- New Hire/Newly Eligible
- SSN, Gender & DOB

- Marital status
- Civil Union
- Domestic Partner

## SECTION 2: COVERAGE AND DEDUCTION START SELECTION

If events are filed within 30 days of a qualifying event date, some events allow for a selection of the Coverage and Premium Contribution Start Dates. If your event is listed below, please select one of the three options, otherwise skip this section.

### Qualifying Events for this Section

Adoption, Birth, Guardianship, New Eligible Student, Marriage, Domestic Partner, Civil Union, New Hire, Newly Eligible, Reinstatement in Employment, Return from Authorized Leave of Absence (if not currently enrolled)

### Available Options for this Section

- ☐ Coverage starts day of the event & premium contributions start 1st day of the pay period in which the effective date of coverage occurs (if no selection is made, this option will be used)
- ☐ Coverage and premium contributions start 1st day of the first pay period following event
- ☒ Coverage and premium contributions start 1st day of the second pay period following event

Option 1:

Date of Hire\*

Option 2:

First day of the first pay period

Option 3:

First day of the second pay period

\*If no selection is made option 1 will be used



# Option 1\*

- Coverage begins on the date of hire.
- Contribution start date will be the first day of the pay period in which the event occurs.

\*If no selection is made option 1 will be used

April						
	1	2	3	4	5	6
7	8	9	10	11	12	13
		16	17	18	19	20
21	22	23	24	25	26	27
		29	30			
May						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



Pay Period

## Option 2

- Coverage and contributions begin on the first day of the first pay period following the event.

April						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Pay Period

# Option 3

- Coverage and contributions begin on the first day of the second pay period following the event.

April						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Pay Period

**SECTION 3: PLAN SELECTION**

Make your selection by checking all the boxes of the appropriate benefit plans below. Select Self, 2-Party, Family or Cancel/Waive coverage. You may only choose one medical/prescription drug plan. If no selection is made, EUTF will assume no changes are being made.

Medical/Prescription Drug Plan		You may only choose one medical/prescription drug plan			
Type	Carrier Selection	Cancel/Waive	Self	2-Party	Family
PPO	PPO-90/10 <b>HMSA</b> Medical, CVS Prescription Drug, RSN Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PPO-80/20 <b>HMSA</b> Medical, CVS Prescription Drug, RSN Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PPO-75/25 <b>HMSA</b> Medical, CVS Prescription Drug, RSN Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HMO- <b>HMSA</b> CVS Prescription Drug, RSN Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	HMO- <b>Kaiser</b> Standard Prescription Drug, RSN Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HMO- <b>Kaiser</b> Comprehensive Prescription Drug, RSN Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supplemental - Royal State National Insurance Company (Includes Supplemental Drug Coverage), Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental	*** To be eligible for coverage under the Royal State Supplemental plan, you and your eligible dependent(s) must be covered under a non- EUTF health plan. See Section 5 on "Instructions for Completing Form EC-1"				

Other Plans		Cancel/Waive	Self	2-Party	Family
Dental	Hawaii Dental Service <small>if enrolling new dependent ages 19-23 attach student verification</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision	Vision Service Plan <small>if enrolling new dependent ages 19-23 attach student verification</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life	USable Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

For STATE Employees ONLY: Premium Conversion Plan ☐ Enroll ☐ Change Amount ☐ Cancel PCP ☐ Do NOT Enroll

For COUNTY Employees ONLY: Premium Conversion Plan – Please contact your DPO for more information on available options.



**SECTION 4: DEPENDENT INFORMATION AND PLAN SELECTIONS**Please list all dependents you want enrolled

List all eligible dependents you wish to cover and check the plan selections desired. Relationship\* Key: SP=Spouse, DP=Domestic Partner, CU=Civil Union Partner, CH=your Child or your Spouse's Child, DPCH= Domestic Partner's Child, CUCH=Civil Union Partner's Child, SC=Step Child, GC=Guardianship/Foster child, DC=Disabled Child if your child is age 19 or over and is also disabled. Social Security Number \*\*: Social Security Number is not a required field when submitting an initial EC-1 for new birth. Please be sure to submit an EC-1 to update our records for your newborn once the information received/issued by the SSA.

Continue Coverage	Add	Delete	Dependent: Last Name, First Name, Middle Initial	Birth Date (MM/DD/YYYY)	Social Security Number **	Relationship *	Gender M / F	Medical/ Drug	Dental	Vision
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kealoha, Jonathan M.	09/ 23/1983	555-55-1234	SP	M	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Detailed eligibility information is available at <http://eutf.hawaii.gov> in the EUTF Administrative Rules & Chapter 87A, Hawaii Revised Statutes.

Dependent Certification and Student Certification— See Section 4 item 8 on "Instructions for Completing Form EC-1" for more information.

I certify that my spouse, civil union or domestic partner and/or dependent children meet eligibility requirements for enrollment in the EUTF plans.

SNK (initials)

I certify that my dependent child is a full-time student and have attached all documentation as required in Section 4 regarding dependent and student certification in the "Instructions for Completing Form EC-1".

\_\_\_\_\_ (initials)

## Proof Documents

- Marriage/Civil Union/ Domestic Partnership Documents
- Birth Certificate
- Student Certification

## SECTION 5: OTHER INSURANCE INFORMATION

\*\*\* To be eligible for coverage under the Royal State Supplemental plan, you and your eligible dependent(s) must be covered under a non- EUTF health plan

If you or any of your dependents are covered under another non-EUTF health plan(s), please provide the type of plan, name of the plan, subscriber's name, effective date of the plan, and the health plan coverage (Self, 2-party, Family).

Type of Plan	Name of the Plan (Carrier's Name)	Subscriber's Name	Effective Date	Self	2-Party
Medical, Drug	UnitedHealthcare	Jonathan M. Kealoha	10 / 01 / 2014 / /	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 6: EMPLOYEE AUTHORIZATION AND SIGNATURE

I am eligible for the coverage requested and declare that the individuals listed on this enrollment form are also eligible. I understand that the benefit elections made on this application are in effect for as long as I continue to meet EUTF's eligibility requirements, or until I elect to change them subject to the provisions of EUTF's plan rules. I have read the benefit materials, understand the limitations and qualifications of the EUTF benefits program and agree to abide by the terms and conditions of the benefit plans selected. I authorize my employer or finance officer to make the pre-tax or after tax deductions, adjustments or cancellations from my salary, wages, or other compensation for the monthly employee contribution in accordance with applicable laws, rules and regulations.

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages. This form supersedes all forms and submissions I previously made for EUTF coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that I am subject to penalty for perjury.

Employee Signature: Samantha N. Kealoha Date Signed: 04/30/2016

Submit EC-1 enrollment form to your personnel office or enrollment designee within 30 days of your new hire date.

# Confirmation Notice

- You have 10 calendar days from the date of the notice to report any errors or changes
- County employees are responsible for notifying their personnel office and payroll of any plan changes



## HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

P.O. Box 2121  
Honolulu, HI 96805-2121  
Oahu (808) 586-7390  
Toll Free 1(800) 295-0089  
[www.eutf.hawaii.gov](http://www.eutf.hawaii.gov)

Confirmation Notice

Date: May 04, 2015

SARAH ALOHA  
123 MAHALO STREET  
HONOLULU, HI 96805

HB #: 9999999  
Agency/Department: Budget and Finance  
Bargaining Unit: 13

This Confirmation Notice details the enrollment changes that were made to your account. Please carefully review its contents to make sure it does not contain any errors. You have a one-time opportunity to correct errors that you made in selecting your coverages (e.g. plan, tier level and dependents) on your enrollment form by notifying EUTF within 10 calendar days from the date of this notice. Any approved changes will be made retroactively to the effective date of the changes as noted below. You will be responsible for any additional premiums.

Please submit your corrections in writing by completing the attached Corrective Action Request Form. Keep a copy of the Corrective Action Request Form for your records. If the EUTF does not hear from you in writing within 10 calendar days from the date of this notice, the change(s) will remain in effect as indicated. Any additional changes to your plans will not be allowed until the next Open Enrollment period, unless you experience a mid-year qualifying event that permits changes under the EUTF Administrative Rules.

### Your Benefit Plan Enrollments: as of 01/31/2015

Plan Type	Benefit Plan	Coverage Type	Effective Date	Pay Period Deduction
PCP	Enroll	N/A	01/31/2015	\$0.00
Medical	FPO Medical (90/10) w/ Chiro	Self	01/31/2015	\$101.52
Dental	Dental	Self	01/31/2015	\$6.42
Vision	Vision	Self	01/31/2015	\$1.28
Prescription Drug	PPO Prescription Drug	Self	01/31/2015	\$17.68
Life	Life Insurance	Self	01/31/2015	\$0.00

NOTE: Kaiser and HMSA HMO includes prescription drug coverage.

Your Total Pay Period Deduction: \$126.90

The EUTF Notice of Privacy Rules describes how your medical information may be used and disclosed and how you can get access to the information. It is available online at [eutf.hawaii.gov](http://eutf.hawaii.gov). Please review it carefully.

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide services that are excellent, courteous, compassionate, and informative.



A photograph of a modern building with a large, cantilevered upper floor supported by a series of white columns. The building has a light-colored facade with vertical slats. In the foreground, there is a green lawn and a paved walkway. The sky is blue with some clouds.

# Making Changes To Your Plan



# Common Qualifying Life Events

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- **Marriage**
- **Divorce**
- **Death**
- **Loss of Coverage**
- **Acquisition of Coverage**
- **Adding or Dropping Dependents**
  - Birth
  - Adoption or placement for adoption
  - Legal guardianship\*
  - Foster child\*
  - Newly eligible/Ineligible student

\*Legal guardianship and foster children are covered until the age of majority, 18.

# Making Changes to Your Plan

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## **Complete EC-1 Enrollment form**

- Forms are available online at [eutf.hawaii.gov](http://eutf.hawaii.gov)

## **Submit EC-1 form within 30 days of Qualifying Life Event**

- Birth - 180 days

## **Submit Proof Documents within 60 days**

- Do not wait for proof documents to submit EC-1 form
- Contact EUTF if proof documents will take longer than 60 days

# Open Enrollment

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## **Plan changes that can be made during Open Enrollment**

- Add, remove, or change plans
- Add or remove dependents

**New coverage and rates are effective July 1**

**Plan year is from July 1<sup>st</sup> to June 30<sup>th</sup>**

# EUTF Contact Information

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- **Location:**

Oahu: City Financial Tower  
201 Merchant Street, 17<sup>th</sup> Floor  
Honolulu, HI 96813  
(No Validated Parking)

- **Mailing Address:**

P.O. Box 2121  
Honolulu, HI 96805-2121

- **Hours:**

Monday – Friday (except State holidays)  
7:45am - 4:30pm

- **Website:**

<http://eutf.hawaii.gov>

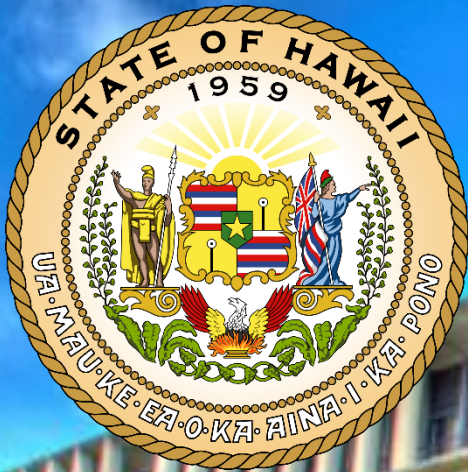
- **Phone:**

Oahu: 808-586-7390  
Toll-Free: 1-800-295-0089

- **Email:**

[eutf@hawaii.gov](mailto:eutf@hawaii.gov)





Thank you for your time